

2298

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 136 State Index No. 359
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 487
Local Registrar's No. _____

(No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Nicholas V. Glavarnis { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } ~~NO~~

Sex of Child male { Twin, Triplet or other Qu } and { Number in order of birth Qu } Legit. yes Date of Birth Oct 17 1917
(Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name <u>Vincent Glavarnis</u>	Full Maiden Name <u>Mary Besich</u>	Residence <u>Miami</u>	Residence <u>Miami</u>
Color or Race <u>White</u>	Age at last Birthday <u>30</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>21</u> (Years)
Birthplace <u>South Dakota</u>	Occupation <u>Merchant</u>	Birthplace <u>South Dakota</u>	Occupation <u>House wife</u>

Number of child of this mother 2 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct 17 1917, at 4 A.M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) B. W. Hardy, M.D.
(Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 1917

Address Miami, Ariz.
John H. Lacey
LOCAL REGISTRAR.

5-73-1017-428
COUNTY REGISTRAR.

Filed Dec 28 1917
True Copy
Filed Nov 6 1917
COUNTY REGISTRAR.